

Phys. Health,
oc., & Welfare
S. Public
Health Service

FILED NOV 19 1957

STANDARD CERTIFICATE OF DEATH

43002
STATE FILE NUMBER
2670

Registration District No. 317 Primary Registration District No. 590 Registrar's No.

V. S. 300
Rev. 1-57

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1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis -		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
37 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rock Hill Rest Home		Length of stay in 1b 3 yrs.	d. STREET ADDRESS (If outside, give location) 1576 4431 So. Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mary Davenport			4. DATE OF DEATH Month Day Year October 26, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 25, 1871	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Librarian		10b. KIND OF BUSINESS OR INDUSTRY Librarian	11. BIRTHPLACE (City and state or country) Salem, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James A. Davenport		13b. MOTHER'S MAIDEN NAME Nancy (unknown)		14. NAME OF HUSBAND OR WIFE Never married.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NONE		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Home Of The Friendless, 4431 So. Broadway		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerosis heart disease</i> DUE TO (b) <i>generalized arteriosclerosis</i> DUE TO (c) <i>4200</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <i>Nov 3, 1954</i> to <i>Oct 6, 1957</i> and last saw <i>her</i> alive on <i>10-22-57</i> Death occurred at <i>3:30</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>A. J. Werten MD</i>			22b. ADDRESS <i>2507 Poloma</i>		22c. DATE SIGNED <i>10-28-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 29, 1957	23c. NAME OF CEMETERY OR CREMATORY Salem, Illinois Cemetery		23d. LOCATION (City, town, or county) (State) Salem, Illinois	
24. FUNERAL DIRECTOR Hoffmeister ADDRESS Colonial Mortuary, 6464 Chippewa St.			25. DATE RECD. BY LOCAL REG. <i>10-29-57</i>	26. REGISTRAR'S SIGNATURE <i>Herbert B. Damsch MD</i> <i>asc</i>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Lewis C. Hoffmann*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.